Behavioral Health Integration: State, Local, Non-Medicaid Subgroup

Attachment 1: Services/Functions by Entity

This document details services and functions for local, state, and non-Medicaid organizations based on data gathered by the subgroup to date. It also includes some preliminary feedback on services that are important, should be stopped/refined, and should be include tofacilitate integration in the model selected. We are interested in gathering more feedback; please send comments to BHIntegration@dhmh.state.md.us. Overview of contents:

I. Local	II. State
• Currently performing • Important to keep • Stop or Refine • Include for Integration	• Currently performing • Important to keep • Stop or Refine • Include for Integration
III. Non-Medicaid	**IV. Medicaid (FYI)**
• Currently offered	• Currently offered

I. Local Systems Role

Current Addiction or Behavioral Health Services/Functions

- Needs Assessment (data analysis of jurisdictional needs)
- Planning for prevention, intervention, treatment and recovery support services
- Develop measurable outcomes
- Collect data and review against designated outcomes
- Service Delivery (Direct provision of services)
- Procurement (Services not delivered directly)
- Collaboration with local Criminal Justice, Court, DJS, DHR offices
- Public Information
- Grants Management
- Quality Assurance/Monitoring
- Consumer/Family Services
- Technical Assistance/Training

Source: DG presentation 5/8

Current Mental Health Services Functions

General services performed by CSAs and other mental health entities within the local government:

- System Oversight (Medicaid and non-Medicaid funded services
- Quality Assurance / Accountability
- Reporting / System Analysis
- System Navigation
- Consumer Care / Services
- Cooperation / Partnering
- Disaster Planning and Preparedness
- Consumer Information / Public Education
- Innovation (create new programs)
    - Non Fee-For-Service contracts monitored
    - Non Fee-For-Service funds managed
    - Monitor residential beds
    - Sponsor public education events and trainings
    - Resolve complaints
    - Answer help, referral, and crisis calls
    - Transition adults from inpatient services
    - Divert children from residential placement
- Serve as system-level partners with local education, social service, juvenile justice and criminal justice systems, LMBs, health departments, police, etc.
- Making sure there is a continuum of services at a local level
- Ombudsman in dealing with appeals
- Provider of safety net services (crisis and residential)

Specific functions and roles include:

Ensuring Access to Quality Services

- Consumer and Family Care Services
    - Assist and support consumers and family members in navigating the complex public health system
    - Coordinate outreach services for individuals who are homeless and experiencing mental illnesses
    - Assist in developing transition plans for consumers returning to the community from prisons and jails
    - Facilitate discharge planning for children and adolescents in residential placement or residential level services
    - Screen individuals for whom admission is being initiated to determine whether a less restrictive alternative can be provided

  - Collaborate with acute care and state hospital facilities to facilitate transition to the community for individuals leaving inpatient care (transitioned 543 consumers in FY11)
  - Grant access to the PMHS for uninsured clients in crisis
  - Manage care for high-cost users to ensure they receive the most appropriate care in the least restrictive setting
- Consumer Information and Public Education
  - Respond to calls for assistance (86,000 calls answered in FY11)
  - Provide technical assistance to the community on the services available and how to access the PMHS
  - Sponsor community educational events, conferences and trainings pertaining to behavioral and public health issues
- System Oversight
  - Plan, manage, and monitor publicly funded mental health services
  - Act as local agents of the Mental Hygiene Administration in the management of the Medicaid-funded system of care for those with severe and persistent mental illnesses*
  - Coordinate local service systems to maintain the availability of a comprehensive system of care
  - Develop comprehensive mental health plans and annual reports
  - Conduct local needs assessments
  - Develop and monitor local mental health and/or substance abuse advisory committees
  - Manage waiting lists and process applications for specialty services
    - Residential Rehabilitation Program (2,484 beds)
    - Capitation Project (354 slots)
  - Review and authorize Residential Rehabilitation, Supported Employment, Enhanced Client Support, and extended stay Residential Crisis services
  - Facilitate provider communication with Value Options
  - Manage care for high-cost users
  - Liaison with providers
  - Participate in MHA workgroups and committees to address statewide system issues
  - Represent Mental Health perspective on local planning boards and inter-agency committees
- Quality Improvement and Assurance
  - Monitor Therapeutic Group Homes
  - Monitor out-of-state placement facilities when appropriate
  - Review and monitor encounter data for community Psychiatric Rehabilitation Programs, including site visits
  - Participate in Office of Health Care Quality (OHCQ) site visits
  - Participate in compliance audits of service providers
  - Assist local programs in developing Performance Improvement Plans and monitor

improvement standards
  - Monitor and inspect Residential Rehabilitation Programs
  - Analyze utilization data for system efficiency and effectiveness
  - Develop and monitor outcome data for providers
  - Oversee unregulated specialty programs like the Capitation Project
  - Resolve complaints/grievances/appeals from all parties
  - Review and approve applications of new service providers
  - Partner in developing and implementing local community health improvement plans
  - Promote evidence-based practices like Supported Employment, Assertive Community Treatment, Psycho-Family Education, and Integrated Dual Disorders Treatment
  - Promote and support the concepts of wellness and recovery including support of peer-run services
  - Promote, support and manage a comprehensive crisis response system
  - Orient local providers to system adaptations and changing cultures (e.g., consumer empowerment, recovery, integration)
- Disaster Planning and Preparedness
  - Develop, maintain, and implement local Mental Health Disaster Plans
  - Coordinate local mental health response
  - Work collaboratively with local emergency operations and health departments to develop public health related response plans
  - Participate in local disaster drills and exercises

Optimizing the Use of Public Funds

- For grant funded services:
  - Develop conditions of award in collaboration with MHA and other funders
  - Develop and monitor criteria for contract performance standards
  - Procure services, i.e. Requests for Proposal development
  - Develop budgets and monitor expenses
  - Monitor service provision
  - Repurpose unspent grant funds to ensure maximum use of funding
  - Conduct continuous reviews of need for, quality, and cost-effectiveness of services purchased
  - Re-allocate/Re-procure funds when indicated
- For PMHS services:
  - Monitor care for high-cost users to decrease unnecessary high-cost care (e.g. emergency services, hospital, etc.)
  - Partner with Value Options, local hospitals, community providers, and other stakeholders to identify and operationalize programs to reduce avoidable hospitalization and recidivism

Serving as a System Level Partner

Identifying and Addressing Unmet Needs Through Innovation

- Identify the gaps in service delivery
- Secure funding for pilot programs
- Procure services
- Monitor service provision
- Evaluate effectiveness of service delivery
- Seek and secure permanent funding

Sources: DG presentation 5/8 presentation and meeting minutes, written comments sent in to BHI email, and *CSA Data document provided to DP*

Functions to Keep

These services are important to keep in the new model:

- Prevention: This is something that will not be funded through Medicaid, we should put more money into this.
- Planning: Particularly around non-Medicaid services, needs assessments for non-Medicaid piece of that.
- Environmental Based Programs: Medicaid doesn't currently cover (environmental based programs?) EBPs, this is an important non-Medicaid service. Most are funded by DJS. We have a lot of services funded by other agencies.
- School system, DJS, DSS
- Retain maintenance of safety net services:
  - Some handling of complaints
  - System navigation
  - Planning, needs assessment, program start-up and development
  - Recruiting providers to work on specific initiatives, knowing the strengths, weaknesses, capabilities of the provider system
- System linkages and coordination with agencies outside of behavioral health system, technical assistance, planning, oversight of special populations and grant funded programs.

Sources: Meeting minutes 5/8, DP comments grid

Functions to Stop or Refine

Current services we could stop doing or do more efficiently:

- None identified to date
- **Feedback?**

Functions to Ensure Integration

New or additional functions to include in the model, and how they should be performed:

- Medicaid doesn't currently cover (environmental based programs?) EBPs, this is an important non-Medicaid service. Most are funded by DJS. We have a lot of services funded by other agencies.
- Local role needs to increase involvement with local primary care providers. Also a greater focus on receiving care in one setting
- To get good outcomes the system should coordinate with partner agencies involved in providing housing, energy, transportation, child care, prescription services
- Best case scenario is a situation in which an individual walks into a program and they receive the services that they need in one place. Then, next step is incorporating somatic care.

Source: Meeting minutes from 5/8

II. State Systems Role

Current Alcohol and Drug Abuse Administration (ADAA) Functions/Services

- Responsible for planning, coordination, and regulation of the statewide network of substance abuse prevention, treatment, and recovery services
- Provides fiscal management and technical assistance to 24 jurisdictions who either purchase and/or provide services.
- Serves as a resource for information about substances of abuse as well as prevention, treatment, and recovery services available in the community– taking responsibility to services provided within the state.
- Primarily responsible for services delivered by grant dollars.

Source: KRF presentation 5/8

Current Mental Health Administration (MHA) Functions/Services

MHA operates and oversees the Public Mental Health System (PMHS):

- Five state hospitals (mostly forensic population)
- Two Regional Institutes for Children and Adolescents
- Community Mental Health Providers
- Outpatient Programs
- Ongoing rehabilitative services (PRP, RRP)
- Crisis Services
- 1915(c) Waiver Services: Traumatic Brain Injury and Residential Treatment Facility (children

and adolescents)

Source: presentation 5/8

Important to Keep

State functions important for a Behavioral Health Administration:

- Plan strategically
- Ensure adequate resources for the system
- Assure adequate access for individuals in recovery
- Promote continuous quality improvement by monitoring measures of efficiency, effectiveness, access and satisfaction and implementing systemic measures to improve deficient performance in any of these areas
- Promote a wide range of choices for persons in recovery related to housing, jobs, social activities and education (not just evidenced-based practices) -Promote support for persons in recovery in the least restrictive setting possible.(written comments submitted to BHI email)
- Serve as the role of final arbitrator regarding complaints filed at local level
- Grant writing and management. Oversight of HUD, SAMHSA, and other federally funded grants
- Technical assistance to locals with special populations and other non-Medicaid services.
- Training
- Coordination of emergency preparedness and response activities
- Others?

Source: DP comments grid

Functions Related to Model Selection

Service Carve-In Model

- Collaboration with MCO's
- Designing and Monitoring performance measures
- Contract Monitoring
- Contract Management (RFP development, procurement process and oversight)
- Oversee set-asides and decision making around disbursements
- Accreditation (standards for providers)
- Monitor health and behavioral health trends

Service Carve-Out Model

- Determine Performance Incentives
- BHO oversight
- Coordination between somatic health providers and care-out entity
- Coordinating funding not included in carve- out

Special Population Carve-Out Model

- All services/ functions from carve-in for majority of population (anyone not deemed part of special population)
- Determine definition for special population
- Determining which client's are referred to carve-out, when to return to non-specialty services
- Coordinate services between funding sources for non-specialty population

Source: BHI Integration Meeting Presentation from 6/5

III. Non-Medicaid Role

Substance Abuse Services

Available currently (for MA or non-MA consumers):

- Prevention/Education in Community/Schools
- Environmental Strategies that includes:
  - Social Media Campaigns
  - Communities Mobilizing For Change Against Alcohol (CMCA) and
  - Information Dissemination services.
- EBP programs (BSFT/FFT)
- Community Reinforcement and Family Training (CRAFFT)
- Family Services
- Social Drinkers Education
- Acupuncture
- Evaluations (Legal)
- Evaluations/Assessments that do not lead to a diagnosis ("Rule Out", not covered by MA)
- Some Drug Testing
- Information/Referral
- Level .5 Early Intervention
- Medical appointments for Suboxone/Vivitrol services
- Care Coordination
- Continuing Care
  - Access to Recovery
- Residential Treatment
  - Low Intensity III.1
  - Medium Intensity III.3
  - High Intensity III.5

  - Medically Monitored Inpatient III.7
  - Non-Hospital Detoxification
- Alternative Programs
- Anger management
- Court Diversion Program (State's Attorney)
- Hospital Diversion Program (S-BIRT)
- 2 Adult Drug Courts (Circuit Court and District Court)
- Court Liaison
- Court-ordered Status Monitoring
- Drug Court Case Manager
- Juvenile Drug Court
- Alternative School (school based)
- Integrated Dual Diagnosis Treatment team meetings, outreach & case management, and engagement group
- Jail-based level I and II treatment
- All "behind the wall" programs
- Clinical assessment and triage of in-mates into specialty MH or addiction units
- Community Re-entry from jail (mental health and addiction treatment placements, referrals, supervision)
- Re-entry Services
- Family Recovery Court
- Court Evaluations (HG-505/507)
- Gambling Counseling
- Tobacco Assessment/Referral
- Recovery oriented Systems of Care
  - Recovery Housing
  - Recovery Community Center
  - Peer Support Services
- Future Services to include:
  - AVATAR (on-line) Counseling

Source: ADAA staff and Jurisdictional Coordinators

Mental Health Services

Available currently:

- Mobile crisis team
- Housing/Homeless Outreach
- Grey Zone for PRP residents
- Transportation

- Re-entry services or services to help reduce recidivism to jails and hospitals such as assessments at least 90 pre-release and re-entry planning
- Interpreting services – visual language interpreting for individuals who are deaf or hard of hearing
- Tele-psychiatry for therapy
- Peer support within the Wellness & Recovery centers (see supporting comments in DP comment grid)

Source: Meeting minutes from 5/8 and DP comments grid

IV. Medicaid Services

Substance Abuse Services

Available currently:

- Outpatient Treatment (Level I)
- Intensive Outpatient Services (Level II.1/II.5)
- Methadone Treatment
- Suboxone/Buprenorphine (but not specialist visit for PAC)
- Urinalysis

Source: DG presentation from 5/8 and DP comments grid